# River Valleys Continuum of Care Coordinated Entry System: Assessor Procedures

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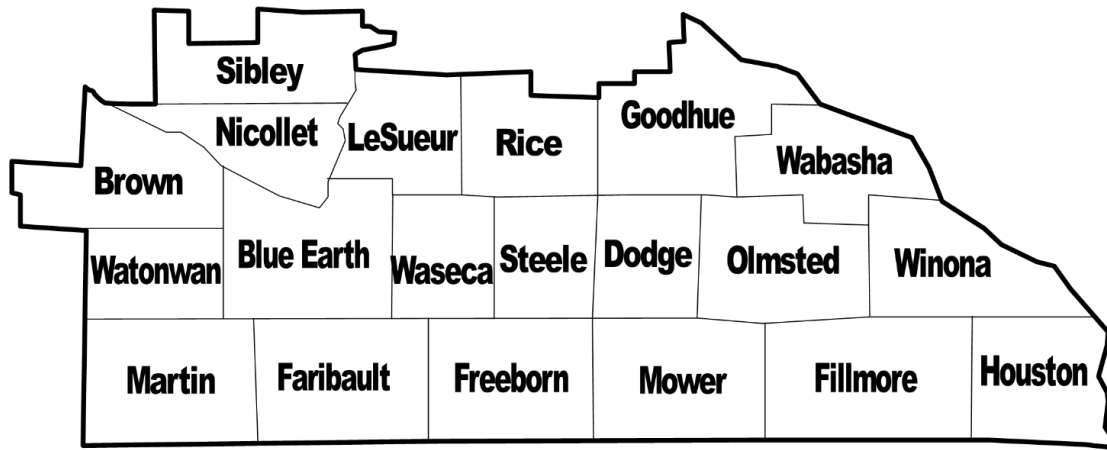# Coordinated Entry Terms and Definitions

| | |
|---|---|
| Board and Lodge | Board and Lodge is a type of housing for individuals that provides a room or place to stay. Some Board and Lodge facilities are considered Lodging Establishments with Special Services. Each Board and Lodge facility can look very different.  Board and Lodge facilities vary in size, with five or more people living together. Some Board and Lodge facilities look like houses, while others are like apartment buildings, depending on the number of people living there. Bedrooms may be individual or shared, depending on the facility. Other spaces, such as living rooms, dining rooms, or cafeterias, are shared. <br>*If someone that is being assessed is in a Board and Lodge you will select, "Residential project or halfway house with no homeless criteria" as the location. |
| Chronically Homeless | **HUD's definition:** Chronically homeless means: (1) A "homeless individual with a disability," as defined in Section 401(9) of the McKinney-Vento Homeless Assistance Act, who: <br>i. Lives in a place not meant for human habitation, a Safe Haven, or an emergency shelter; AND <br>ii. Has been homeless continuously for at least 12 months or on at least four separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in (i) above. |
| Case Conferencing | Local process for CE staff to coordinate and discuss ongoing work with persons experiencing homelessness in the community, including the prioritization or active list. The goal of case conferencing is to provide holistic, coordinated, and integrated services across providers, and to reduce duplication. |
| Continuum of Care (CoC) | Group responsible for the implementation of the requirements of HUD's CoC Program interim rule. The CoC is composed of representatives of organizations, including nonprofit homeless providers, victim service providers, faith-based organizations, governments, businesses, advocates, public housing agencies, school districts, social service providers, mental health agencies, hospitals, universities, affordable housing developers, law enforcement, organizations that serve homeless and formerly homeless veterans, and homeless and formerly homeless persons. |
| Continuum of Care (CoC) Program | HUD funding source to (1) promote communitywide commitment to the goal of ending homelessness; (2) provide funding for efforts by nonprofit providers, and state and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to homeless individuals, families, and communities by homelessness; (3) promote access to and effect utilization of mainstream programs by homeless individuals and families; and (4) optimize self-sufficiency among individuals and families experiencing homelessness. |
| Coordinated Entry (CE) | Coordinated Entry in the River Valleys CoC Region is a collaborative initiative designed to create a more effective and efficient homeless response system.  A coordinated entry system is defined as a |

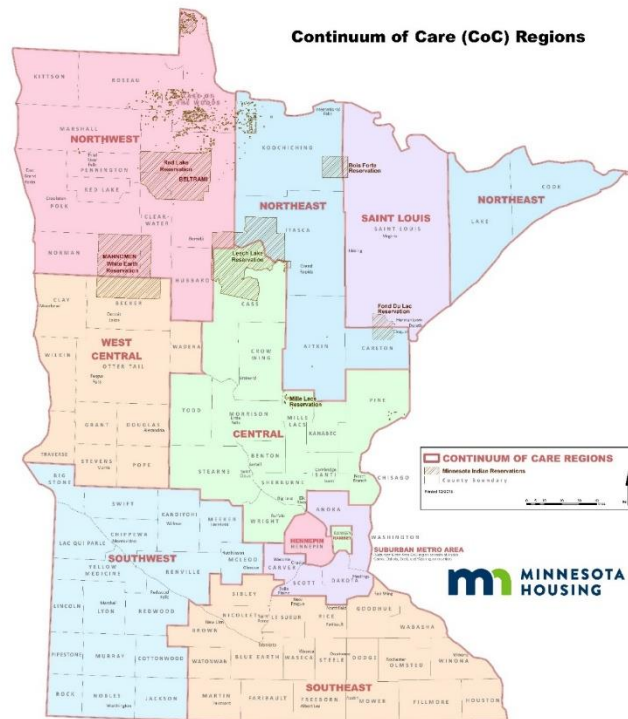| | coordinated process designed to coordinate program participant intake, assessment, and provision of referrals, which covers the entire geographic area. It must be easily accessed by individuals and families seeking housing or services, well-advertised, and include a comprehensive and standardized assessment tool. |
|---|---|
| Coordinated Entry (CE) Assessment | The River Valleys CE Assessment includes the Greater MN Step 1: Coordinated Entry Diversion/Triage, Greater MN Step 2: Eligibility Supplement, and the VI- SPDAT.<br>Providers will want to avoid referring to just the VI- SPDAT as the entire CE process. |
| Disability/Disabling Condition (HUD) | HUD defines a disability as: an impairment of long-continued and indefinite duration, and substantially impedes the ability to live independently.<br>A "disabling condition" is a diagnosable:<br>• substance abuse disorder,<br>• serious mental illness,<br>• developmental disability,<br>• PTSD,<br>• cognitive impairments resulting from a brain injury, or<br>• chronic physical illness or disability, including co-occurance of two or more of these conditions. |
| Emergency Shelter | Short-term emergency housing available to persons experiencing homelessness. |
| Grant and Per Diem Program Transition in Place (GPD TIP Subsidy) | Program for Veterans that provides temporary rental subsidy to tenants whose amount decreases over time as greater levels of financial independence are achieved. This program ensures the Veteran is connected to the broad cross section of health services within the VA and other community based providers. At this time we do not currently have this program in our CoC. |
| Homeless Management Information System (HMIS) | Local information technology system used by a CoC to collect participant-level data and data on the provision of housing and services to homeless individuals and families and to persons at risk of homelessness. Each CoC is responsible for selecting an HMIS software solution that complies with HUD's data collection, management, and reporting standards.<br>Institute for Community Alliances (ICA) is the State System Administrator for HMIS. ICA provides technical assistance and training support for providers using HMIS in MN. |
| Host Homes (emergency and non-crisis) | A Host Home is a private residence where the unrelated caregiver provides persons with housing, meals, assistance and supervision. |
| Housing Choice Voucher (HCV) | The housing choice voucher program (Section 8) is the federal government's major program for assisting very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market. Housing choice vouchers are administered locally by public housing agencies (PHAs). |
| Housing Problem Solving (HPS) | An approach that is client-centered, housing-focused, and exploratory conversation that should happen with everyone regardless of perceived needs and barriers. The goal of HPS is to explore creative, flexible, safe, and cost-effective solutions to quickly resolve the housing crisis — even if just temporarily — with limited or no financial support. |

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|---|---|
| Housing and Redevelopment Authority (HRA) | HRAs are public entities empowered to undertake certain types of housing and redevelopment projects. Projects may include such activities as planning, acquisition, clearance, rehabilitation and construction for the provision of safe housing for persons of low and moderate income. |
| High Priority Homeless (HPH) | Households (individuals, families with children or youth) prioritized for Permanent Supportive Housing (PSH) through the Coordinated Entry (CE) system. |
| HUD | United States Department of Housing and Urban Development (HUD) |
| MN Long Term Homelessness (LTH) | Persons including individuals, unaccompanied youth, or families with children who lack a permanent place to live continuously for a year or more or at least four times in the past three years. Time spent in an institutional care or correctional facility shall be excluded when determining the length of time a household has be homeless except in the case where an individual was in a facility for fewer than 90 days and was homeless at entry to the facility. **Doubled Up/Couch Hopping:** Doubled up or couch hopping is considered an episode of homelessness if a household is doubled up with another household (and duration is less than one year) and couch hops as a temporary way to avoid living on the streets or in an emergency shelter. **Transitional Housing (TH):** Time spent in transitional housing is a neutral event. It is not considered time housed or time homeless when determining LTH eligibility. **Institutions**: Time spent in an institutional care (treatment, hospital, foster care, etc.) or correctional facility (jail or prison) is a neutral event. It is not considered time housed or time homeless except in the case where an individual was in a facility for fewer than 90 days and was homeless at entry to the facility. That time can be considered time homeless. Evaluate the housing history prior to and after TH or an institutional stay to determine if it meets the state's LTH definition. **NOTE:** Minnesota's definition does not require that the person have a disabling condition |
| Projects for Assistance in Transition from Homelessness (PATH) | Substance Abuse and Mental Health Services Administration (SAMHSA)–funded program to provide outreach and services to people with serious mental illness (SMI) who are homeless, in shelter or on the street, or at imminent risk of homelessness. |
| Public housing authority (PHA) | Local entity that administers public housing and Housing Choice Vouchers (HCV) (aka Section 8 vouchers). |
| Permanent supportive housing (PSH) | Permanent housing with indefinite leasing or rental assistance paired with supportive services to assist homeless persons with a disability or families with an adult or child member with a disability achieve housing stability. |
| Rapid re-housing (RRH) | Program emphasizing housing search and relocation services and short- and medium-term rental assistance to move homeless persons and families (with or without a disability) as rapidly as possible into permanent housing. |

| | |
|---|---|
| Release of Information (ROI) | Written documentation signed by a participant to release his/her personal information to authorized partners. |
| Safe Haven (HUD) | Safe Havens serve as refuge for people who are homeless and have a serious mental illness. A safe haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in supportive services. **We do not have any Safe Havens in our CoC. It is very unlikely you would select Safe Haven as someone's location in the CE Assessment.** |
| Serious and Persistent Mental Illness (SPMI) | A condition with a diagnosis of mental illness that meets at least one of the following:<br>• The member had two or more episodes of inpatient care for mental illness within the past 24 months • The member had continuous psychiatric hospitalization or residential treatment exceeding six months' duration within the past 12 months • The member has been treated by a crisis team two or more times within the past 24 months • The member has a diagnosis of schizophrenia, bipolar disorder, major depression or borderline personality disorder; evidences a significant impairment in functioning; and has a written opinion from a mental health professional stating he or she is likely to have future episodes requiring inpatient or residential treatment unless community support program services are provided • The member has, in the last three years, been committed by a court as a mentally ill person under Minnesota statutes, or the adult's commitment as a mentally ill person has been stayed or continued • The member was eligible under one of the above criteria, but the specified time period has expired<br>• The member was eligible as a child with severe emotional disturbance, and the member has a written opinion from a mental health professional, in the last three years, stating that he or she is reasonably likely to have future episodes requiring inpatient or residential treatment of a frequency described in the above criteria, unless ongoing case management or community support services are provided |
| Severe Mental Illness (SMI) | Defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI. |
| Transitional Housing (TH) | Program providing homeless individuals and families with the interim stability and support to successfully move to and maintain permanent housing. Transitional housing funds may be used to cover the costs of up to 24 months of housing with accompanying supportive services. Program participants must have a lease (or sublease) or occupancy agreement in place when residing in transitional housing. |
| VASH | HUD- Veterans Affairs Supportive Housing (VASH) program combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating Veterans at VA medical centers (VAMCs) and community-based outreach clinics. |
| Victim Service Provider (VSP) | Government-based program or a nonprofit program offering safety planning, counseling, support or advocacy related to domestic violence, harassment, sexual assault, or stalking. |

# Map of River Valleys Continuum of Care Region



# MN CoC Regions



Continuum of Care (CoC) Regions

# Access for Coordinated Entry

## No Wrong Door

Access sites are set-up in all 20 counties of the CoC, please see Access Site List.

All access sites must have a "no wrong door" approach in which a homeless family or individual can present at any homeless housing and service provider in the geographic area. In addition, households who are included in more than one of the populations for which an access point is dedicated (for example, a parenting unaccompanied youth who is fleeing domestic violence) can be served at all of the access points for which they qualify as a target population.

See CE Policy

Access sites cannot deny participants to the coordinated entry process on the basis that the participant is or has been a victim of domestic violence, dating violence, sexual assault or stalking.
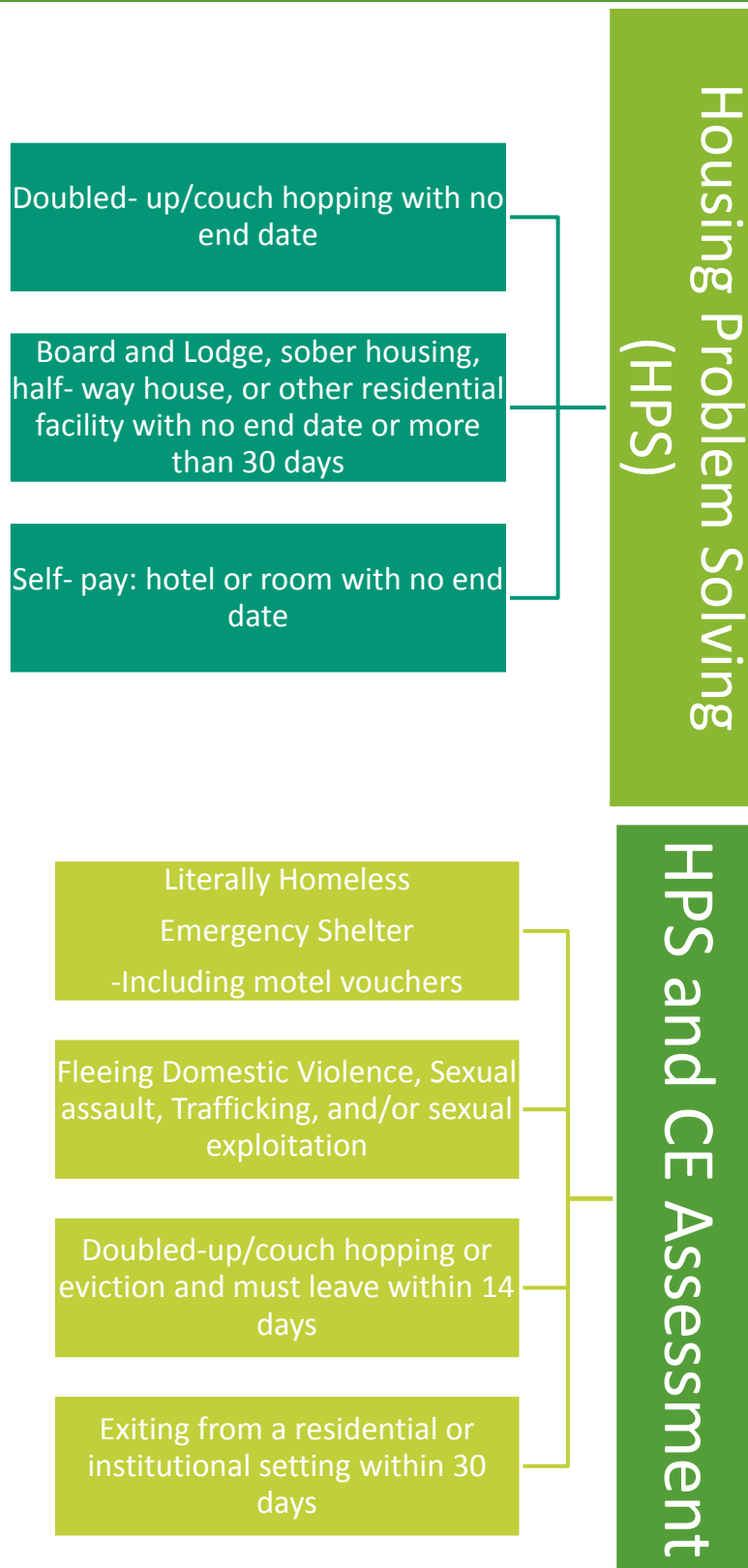
## Accessibility

Access site(s) must be easily accessed by individual and families seeking homeless or homelessness prevention services.

Access sites, if physical locations, are sited in proximity to public transportation and other services to facilitate participant access. Access sites are required to offer some variation to the process, e.g., a different access point, as a reasonable accommodation for a person with disabilities. For example, a person with a mobility impairment may request a reasonable accommodation in order to complete the coordinated entry process at a different location or over the phone.

## Participants outside of Agency Service Area

If someone calls an agency and is outside of the agency's service area, but is eligible for a CE Assessment, they can be assessed by the agency.
The agency can mention that the county where they are currently might have more information on resources in the county.

# Assessment Process

## Housing Problem Solving (HPS)

- Doubled- up/couch hopping with no end date
- Board and Lodge, sober housing, half- way house, or other residential facility with no end date or more than 30 days
- Self- pay: hotel or room with no end date

## HPS and CE Assessment

- Literally Homeless

  Emergency Shelter

  -Including motel vouchers

- Fleeing Domestic Violence, Sexual assault, Trafficking, and/or sexual exploitation

- Doubled-up/couch hopping or eviction and must leave within 14 days

- Exiting from a residential or institutional setting within 30 days

# Housing Problem Solving (HPS): Step 1

Housing Problem Solving (HPS) is an approach that is client-centered, housing-focused, and exploratory conversation that should happen with everyone regardless of perceived needs and barriers. The goal of HPS is to explore creative, flexible, safe, and cost-effective solutions to quickly resolve the housing crisis — even if just temporarily — with limited or no financial support.

HPS happens at the first point of contact and begins with a conversation. In some cases, one conversation may be enough to identify solutions that lead to successful resolution while in other case, more than one conversation may be necessary.

When a household presents with a housing crisis then the Assessor should follow the steps outlined in the Housing Problem Solving Guide and complete the HPS Assessment and determine if the participant should also be assessed for CE. Once the two releases of information (see Forms to Use) have been signed, the HPS Assessment has been completed, and next steps have been identified the assessment should be entered into HMIS using the HMIS HPS instructions.

In most cases, participants will be exited from Housing Problem Solving in HMIS right away, unless it has been identified in a participant's action plan that further follow- up will be happening with the Assessor. Assessors will not be expected to follow- up with HPS participants if it has not been determined that follow- up is needed after the HPS conversation.

## Forms to Use:
River Valleys Coordinated Entry System Participant Notice and Consent for Release of Information
HMIS Data Privacy Notice
HMIS Data Privacy Notice (for HIPAA covered agencies only)
Housing Problem Solving Guide
Step 1: Housing Problem Solving Assessment

## Additional Helpful Resources:
County Toolkits
Open- ended Questions for HPS


# Coordinated Entry Assessment: Step 2

When a household meets the HUD Category 1, 2, or 4 homeless definition, or has an exit date within 30 days from an institutional or residential setting then a CE Assessment should be completed as soon as possible in addition to having a HPS Assessment completed. If a household is in shelter, it might be more appropriate to wait on the CE Assessment in case it seems the household might self- resolve. To avoid duplication, prior to completing the CE Assessment, Assessors should check to see if an assessment has been completed by another agency.

If there is not another CE Assessment in HMIS the two releases of information (see Forms to Use) should be signed, and the HPS Assessment and the CE Assessment completed.

## Forms to Use:
River Valleys Coordinated Entry System Participant Notice and Consent for Release of Information
HMIS Data Privacy Notice
HMIS Data Privacy Notice (for HIPAA covered agencies only)
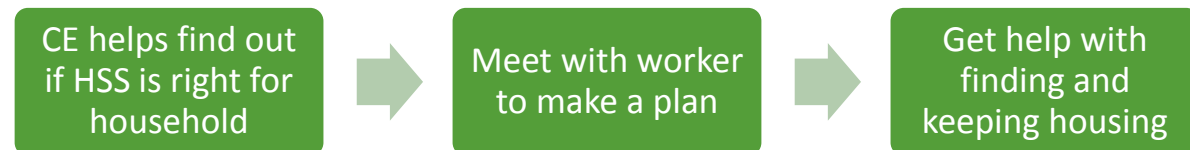Step 1 and Step 2 Assessments (HPS and CE Assessments)
River Valleys Coordinated Entry Receipt

# Housing Stabilization Services (HSS)

Housing Stabilization Services (HSS) is a Medical Assistance benefit designed to help people with disabilities and seniors find and keep housing. To get these services households will be helped by a Housing Stabilization Services Provider to complete forms that show the following:

- They are on Medical Assistance or are eligible to be on Medical Assistance
- They have a disability or health condition that keeps them from working or supporting themselves
- They have had problems keeping housing or they are homeless
- They need help with getting what they need, getting around, making good decisions, or controlling their moods or behaviors

Coordinated Entry is one of the pathways for determining eligibility for Housing Stabilization Services:

CE helps find out if HSS is right for household → Meet with worker to make a plan → Get help with finding and keeping housing

To evaluate a participant's need for HSS, Coordinated Entry Assessors respond to a series of observational questions, then provide a copy of the responses to the participant. Housing Stabilization Services questions are at the end of the Step 1: Housing Problem Solving Assessment. If a HSS Report needs to be generated, Assessors can follow the HMIS Instructions for obtaining the document.

## Forms to Use

Housing Stabilization Services Guide for Assessors
Step 1: Housing Problem Solving Assessment

## Additional Resources

MCHP Provider Directory
MN Help
Housing Stabilization Services Policy Website


# Special Considerations

## Trauma- Informed Assessing

As much as possible, CE Assessment Agencies should have a trauma- informed approach. According to SAMHSA, trauma is the result from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Assessments can be more trauma- informed by allowing the Participant to take breaks, creating a comfortable and welcoming environment, and skipping questions that cause discomfort and coming back to them or allowing the Participant to refuse them all together.

## Participants Fleeing Violence

During the CE Assessment, if a Participant discloses domestic violence, sexual assault, trafficking, or sexual exploitation then ask if they would like to be referred to the nearest Victim Service Provider. If the household is not in a safe place it might be necessary to connect them with local Law Enforcement and/or create a safety plan.

# Challenging Assessment Questions

## Household composition

When entering the number of household members in the assessment (especially children), only include those members that are in the household half of the time or more.

## Housing Summary

Collecting homeless episodes can be difficult to collect during the assessment. Here are some tricks that may help:

- If possible, let the person know ahead of time that their housing history from the last 3 years will be collected
- Have a calendar and extra paper available
- Start with the present time and work backwards

If someone does not know the exact date of a certain homeless episode put the 1st of the month as the date.

## Assessing MN Long Term Homelessness

Once the Housing Summary has been collected the number of months without housing in the last three years should be counted to determine the answer to the question, "Extent of Homelessness by Minnesota's Definition." Do not include months spent in an institutional setting that are over 90 days or if they were doubled- up in the same household for over a year. The date the homelessness started should be entered and the total number of months homeless in the past 3 years. Again, do not include months spent in an institutional setting over 90 days or if the Participant has been doubled- up in the same household for over a year.

## Assessing Chronic Homelessness

Under the Assessing Chronic Homelessness section, the Participant's current location should be entered under, "Prior Living Situation." Enter the amount of time that the Participant has been in the current location under, "Length of Stay in Previous Place." Depending on the current location and length of time in the location there might be more questions that are asked in that section. If the date needs to be entered under "Approximate Date of Most Recent Episode of Homelessness" the date that the HUD homeless episode began would be entered- do not include any doubled-up/couch hopping or institutional stays. REMEMBER, the Assessing Chronic Homelessness section only refers to HUD homeless situations where the Participant is either in emergency shelter or in a place not meant for habitation.

**Please Note:** the "Approximate Date of Most Recent Episode of Homelessness" in the Assessing MN Long Term Homelessness section and the "Approximate Date of Most Recent Episode of Homelessness" in the Assessing Chronic Homelessness section may not be the same date.

## Disabling Condition

Please see definition in terminology section. In addition to collecting disability information for the Step 1 and Step 2 Assessments (HPS and CE Assessments), Assessors need to answer the question, Do you have a disability of long duration? This question is linked to the CE Priority List Report and is important for prioritization and referrals to appropriate housing programs that have disabling condition requirements.

# Entering HPS/CE Assessment Data

Assessors should strive to enter data live as the assessments are being completed. If live data entry is not possible, then assessments must be entered into HMIS within 1-2 business days. For entering HPS and CE Assessments in HMIS refer to the Housing Problem Solving HMIS Data Entry Instructions and Minnesota's Coordinated Entry Assessor Data Entry Instructions and the images under Updating the CE Assessment can also be reviewed.

## Transferring Participant to Another CoC's CE Priority List

If there is a participant that wants to live in another CoC, refer to the Statewide Access and Eligibility Form to determine whether or not they can be added to that CoC's Priority List based on the household's current circumstance. If it appears the household meets the CoC's CE eligibility, then contact the CE Specialist with the client's HMIS/non- HMIS ID to inquire about a Priority List transfer. The CE Specialist will contact the Priority List Manager from that CoC to ask about adding household to their Priority List. The CE Specialist will confirm with the Assessor whether or not the Participant can be added. It will be up to the Assessor to communicate with the Participant if they cannot be added to the preferred CoC's CES.

# Updating the CE Assessment

If there are changes in a participant's situation it is very important that these changes are documented right away as it might greatly affect their referral to housing. Changes may include, but are not limited to the household's location, household composition, contact information, and/or county preferences. Updates that typically need to be made are shown below. Please refer to the Minnesota's Coordinated Entry Assessor Data Entry Instructions for updating CE Assessment Data.

All updates will be made in the Entry/Exit tab of HMIS under the SE CoC CE Assessment Provider. **Hint:** make sure SEC is in the Provider name if there are multiple entries under the Entry/Exit tab. It is important to note that an Interim Review should be created when making updates in the CE Assessment.

If the Assessment Site (e.g., DV provider) does not have access to HMIS or needs to make an update for someone on the non- HMIS list, use the Update Form to note any changes that need to be made to the CE Assessment. When providing a referral update to the CES Specialist, attach the Update Form to the email and the CE Specialist will make the appropriate changes in the Referral's CE Assessment.

## Household Type

Any household composition and size updates should be completed here:

| | |
|---|---|
| Household Type | -Select- ⌄ G |
| Household Size: Total # of Persons | ☐ G |
| Household Size: Total # of Adults (18+) | ☐ G |
| Household Size: Total # of Children (17 and under) | ☐ G |

## Current Living Situation

If the Referral's location has changed since the Assessment, it should be updated in two locations:

**SECTION 2. Eligibility**

🔍 **Current Living Situation**

| Start Date* | End Date | Current Living Situation | Is client going to have to leave their current living situation within 14 days? |
|---|---|---|---|
| Add | | | |

**AND**

**Assessing Chronic Homelessness (HUD)**

Note, HUD does not factor in doubled up/couch hopping episodes when assessing chronic homelessness.

If you are asked to complete Approximate Date Homelessness Started below, have the client look back to the date of the last time the client had a place to sleep that was not on the streets, ES, or SH and enter that date.

| Prior Living Situation | -Select- | G |
| Length of Stay in Previous Place | -Select- | G |

**The location must be updated in both areas of the CE Assessment so the most accurate information shows on the Priority List Report. If the wrong location is listed on the report it may drastically affect what Housing Program the Referral is referred to.**

*Please note:* For the purposes of CE, Prior Living Situation (pictured above) really means where the Referral is now- not where they were before the current location.

## Housing Summary

Update any new episodes (i.e., treatment and shelter stays, doubled- up episodes) in the Household Summary Sub assessment:

Please provide list of previous living experiences in the subassessment below to help determine an appropriate placement.

🔍 **Housing Summary**

| Move-In Date | Move-Out Date | Residence Type | County (MN Only) |
| --- | --- | --- | --- |
| Add | | | |

If they are doubled- up or in another temporary situation, and it has been less than a week (or 90 days if in an institutional setting), then ask if they were on the streets prior to current situation.

If they were on the streets prior to current situation, ask for the date the literally homeless situation started, how many times in the past 3 years they have been literally homeless, and then the total number of months in the last 3 years they have been literally homeless.

## County Preferences

There does not need to be five counties entered, but at least one should be entered. If a Referral requests to be placed on the Priority List in another CoC see instructions for Adding a Referral to Another CoC's CE.

Please rank up to five counties that you would prefer to find housing in:

| Client Choice 1 (County) | -Select- | G |
| Client Choice 2 (County) | -Select- | G |
| Client Choice 3 (County) | -Select- | G |
| Client Choice 4 (County) | -Select- | G |
| Client Choice 5 (County) | -Select- | G |

## Contact Information

Current contact information should be updated below:

**SECTION 4. Contact Information**

| | |
|---|---|
| Phone number where you can be reached or where a message can be left | ⓖ |
| Email where you can be reached or where a message can be sent | ⓖ |
| | |
| Alternative Contact #1 Name | ⓖ |
| Alternative Contact #1 Relationship | ⓖ |
| Alternative Contact #1 Phone | ⓖ |
| Alternative Contact #1 Email | ⓖ |
| | |
| Alternative Contact #2 Name | ⓖ |
| Alternative Contact #2 Relationship | ⓖ |
| Alternative Contact #2 Email | ⓖ |
| Alternative Contact #2 Phone | ⓖ |

## Exiting Participants from Coordinated Entry

Households can and should be exited from CE for the following situations: household has self- resolved (has found their own housing or is stably doubled-up), participant enters an institutional setting and will be there for over 60 days, or household cannot be contacted after 6 attempts are completed. If a Participant needs to be exited from CE refer to the Minnesota Coordinated Entry Assessor Instructions on page 20.

# List Outreach

List outreach is typically conducted in the months of January and July. Dates of List Outreach can vary and are decided closer to the month of outreach. Please see List Outreach Procedures for specific instructions.

# Prioritization

Referrals for housing are pulled based on prioritization for each program type; Permanent Supportive Housing, Rapid Rehousing, Transitional Housing, and Joint Rapid Rehousing/Transitional Housing. Prioritization for each program type is determined by the River Valleys Continuum of Care. Please see the CE Policy related to the Orders of Priority for each program type.

**See CE Policy**

"Where am I on the list?"   OR
"What is going on, I have not heard anything?"

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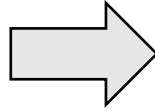
Coordinated entry is not a waitlist. We don't know how long it will take to match you with the right housing program. Housing referrals are made based on availability and individual needs. If it looks like you are eligible for an opening, you will be contacted by the housing provider directly.

"Can I be added to another priority list? I want to live in another county outside of the area (CoC)."

→
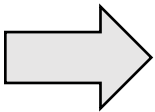
Each area of Minnesota has different eligibility for accessing Coordinated Entry. We will check with the Coordinated Entry Specialist and the other CoC to see if you can be added to their Coordinated Entry list. If you are able to be added, you may get a call from another assessor in that area with more information. We will let you know if you are not able to be added.
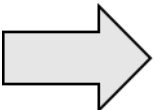*Assessor, make sure they still want to be on our CES list if they do not choose any counties in our CoC.

When a household wants to be reassessed.

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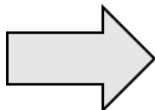
Unless your circumstances have changed significantly we do not have to complete a new assessment, but we can update your information if it is needed.
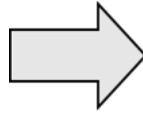
When a household does not meet the eligibility of a program.

→

At this time you are not eligible for services through our program. I am going to update your information for coordinated entry to reflect your current situation so you can be referred for another program that you might be eligible for. Please update the assessing agency if your situation changes again so you are referred only to programs you may be eligible for.
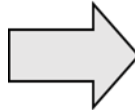
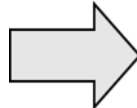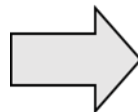| | |
|---|---|
| **When a household calls back after being contacted and they have missed housing opportunity.** | **I am sorry I wasn't able to reach you in the time allowed to contact someone for an opening. I can update your information for coordinated entry so that you have the opportunity to get referred again for housing.** |
| **When a household is not able to secure housing in the time allotted.** | **At this time, I will have to return your name back to coordinated entry, so you have the opportunity to be referred to another program. Another program might have additional housing options for you.** |
| **When a household was a referral and was returned to CE, but they have now secured housing.** | **\*If there is no more funding available: I am sorry at this time we no longer have any funding.** <br> **\*If there is still funding or the unit is still open: I will check the Coordinated Entry Specialist to see if your name can be referred to our program again.** |
| **When a household has secured their own housing and does not want to be assessed (this would also apply if they have not secured housing but they have not been assessed), or they are calling to see if there is assistance/funding available.** | **Our program (or many programs) require(s) coordinated entry to access housing assistance. Without being assessed, we will not be able to provide assistance. If privacy is a concern, you can refuse any question you do not want to answer.** <br> **\*If they still refuse assessment: let them know they can come back if they change their mind and refer to other resources.** |

- "Tell me about your family, friends, and other people important to you. Where are they? Are they available to help you? Would they be available to help you if we provided you or them with some help or services?"

- "Do you think you could possibly stay there again if we provided you or them some help or services?"

- "Do you have friends, who if they were in the same situation, you would help? Maybe they would be willing to help you? What about people at work?"

- "Are you active in a religious group? Could they be helpful?"

- "Have you been in touch with any other organizations you are a member of? A union for example?"

- "What would your family or friends say if they knew you were entering a shelter?"

- "Who has you helped in the past? Have there been times when you have been of help or support to others?"

- "If you recently stayed with a family member, how did you contribute to the household?"

- "Can you increase the amount of work or funds you contribute to the household?"

- "What did your situation look like when things were going better?"
Ask the household what brought them to seek assistance today and to share their current housing situation. Let them share their story and listen actively. Encourage them to share more.

- "What led you to reach out to us today?"

- "Tell me a little bit about your current situation."

- "Are you fleeing domestic violence or is there any other potential threat to you or your household's safety?"

- "Can you tell me more about that?"

# River Valleys Continuum of Care Coordinated Entry System: Update Form for Assessment Updates

Circle "Yes" or "No" depending on if the response has changed. If a response is the same as in the Step 2 CES Assessment or on the Contact Spreadsheet, you do not need to fill out all the questions- just the ones that have changed.

**If not homeless (crisis resolved) – follow instructions for exiting the referral or contacting the CE Specialist if it is a non- HMIS List entry.**

Name: _____ Organization: _____

Name / HMIS ID #/Non- HMIS ID on CE Priority List: _____

1. **Household Type:** Same?  YES   NO          **Household Size:** Same?  YES   NO
   ☐ Family                                                 Total # of Persons _____
   ☐ Single                                                 Total # of Adults   _____
   ☐ Youth- Single                                      Total # of Children (17 and under) _____
   ☐ Youth- Family

2. **If there are school- aged children, is the school district the same?** YES   NO
   **If it has changed, what is the new school district?** _____

3. **Any new episodes to enter in the Housing Summary Sub assessment?**  YES   NO

| Move-In Date<br>Ex: 01/01/2001 | Move-Out Date<br>Ex: 03/01/2002 | Residence Type<br>Select from list in Step 2 Assessment | State | City<br>(MN- Only) | County<br>(MN- Only) | Lease<br>Holder |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

4. **Current Location: Same?**  YES   NO
   ☐ Place not meant for habitation
   ☐ Emergency shelter, including hotel or motel paid for with Emergency shelter voucher
   ☐ Foster care home or foster care group home
   ☐ Hospital or other residential non-psychiatric medical facility
   ☐ Jail, prison, or juvenile detention facility
   ☐ Long-term care facility or nursing home
   ☐ Psychiatric hospital or other psychiatric facility
   ☐ Substance abuse treatment facility or detox center

☐ Hotel or motel paid for without emergency shelter voucher
☐ Owned by client, no ongoing housing subsidy
☐ Owned by client, with ongoing housing subsidy
☐ Permanent housing for formerly homeless persons
☐ Rental by client, no ongoing subsidy
☐ Rental by client, with VASH subsidy
☐ Rental by client, with GPD TIP subsidy
☐ Rental by client, with other ongoing subsidy
☐ Residential project or halfway house with no homeless criteria
☐ Staying or living in a family member's room, apartment, or house
☐ Staying or living in a friend's room, apartment, or house
☐ Transitional housing for homeless persons (including homeless youth)

**Fill out the questions below only if they are:**

- **doubled- up or in another temporary situation (not highlighted above), and it has been less than a week (or 90 days if in an institutional setting), and they were in a HUD homeless situation (shelter, streets) or they are now in a HUD homeless situation.**

  Approximate Date of most recent episode of HUD homelessness: _____
  Regardless of where they stayed last night - Number of times the client has been on the streets, in ES, or SH in the past three years including today: _____
  Total number of months homeless on the street, in ES or SH in the past three years:_____

5. **Is the disability information the same?** YES   NO

   Household Disability Information:

| Relationship to Head of Household | Disability Type (select from list to the right) | Date of Diagnosis | If yes to Drug Abuse, Alcohol Abuse, or Drug and Alcohol Abuse, currently receiving services or treatment? | Does your disability limit your ability to live independently? | Is the disability documented? | Disability Type: Mental Health Problem, Physical, Developmental, Chronic Health Condition, Alcohol Abuse, Drug Abuse, Both Alcohol and Drug Abuse, HIV/AIDS, |
|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

6. **Are their county preferences the same?** YES   NO

**Counties of preference:**

| |
|---|
| Participant Choice 1: |
| Participant Choice 2: |
| Participant Choice 3: |
| Participant Choice 4: |
| Participant Choice 5: |

   *If the participant selects a county outside of the CoC, let them know you will have to contact the List Manager to confirm that they can be added to that CoC's CES and you will let them know if they cannot be added.

7. **Is their contact information the same?** YES   NO

| |
|---|
| Phone number where you can be reached or where a message can be left: |
| Email where you can be reached or where a message can be sent: |
| Alternative Contact #1 Name |
| Alternative Contact #1 Relationship: |
| Alternative Contact #1 Phone: |
| Alternative Contact #1 Email: |
| Alternative Contact #2 Name: |
| Alternative Contact #2 Relationship: |
| Alternative Contact #2 Phone: |
| Alternative Contact #2 Email: |

8. **Any other notes?**

_____
_____
_____
_____
_____